

IRP MANUAL ACKNOWLEDGMENT

Wisconsin Department of Transportation
MV2923 7/2004 Ch. 341 Wis. Stats.

Motor Carrier Registration
Division of Motor Vehicles
Wisconsin Department of Transportation
PO Box 7955
Madison, WI 53707-7955

Applicant Name	Applicant Title
Company Name	WI – IRP Account Number
Street Address	US DOT Number
City State ZIP Code	Area Code - Telephone Number

Please sign this acknowledgment and return it to our office at the above address. Failure to submit this to our office within 30 days may result in suspension of your Wisconsin vehicle registration.

**I acknowledge that I have received the Wisconsin Department of Transportation
IRP Registration Manual.**

I certify that:

I have reviewed this manual.

I understand it is my responsibility to maintain this manual.

I understand the information contained in this manual.

**I will comply with the terms of the International Registration Plan as administered
by the Wisconsin Department of Transportation.**

(Applicant Signature)

(Date)